



Official Use Only

MONTANA
MW-3
Rev. 1-06**MW3 – Montana Annual Withholding
Tax Reconciliation – 2005**

Office Use Only

Pay Frequency:**Due Date:****Acct ID:****FEIN:**

1. Number of W-2's

2. Number of 1099's with state withholding

3. **Check applicable media:** ☐ Paper ☐ FTP ☐ Magnetic4. **Type of report:** ☐ Original ☐ Amended

Name _____

Address _____

City, State, Zip Code _____

5. Total wages paid subject to
withholding taxes6. Total Montana tax withheld
per W-2's and/or 1099's

7. Withholding tax paid

8. Difference (line 6 minus line 7)

☐ If difference results in an
overpayment, please refund.☐ If difference results in overpayment
please apply to previous or future
liability.If difference results in additional
tax due, please remit payment.

Contact _____ Telephone _____

Name:**Acct ID:****FEIN:****Annual Reconciliation of Withholding Tax – 2005** (make additional copies if necessary)

Deposit Period End Date or Pay Date	A Date Paid to Dept. of Revenue	B Tax Withheld		C Tax Paid	

ALL COLUMNS MUST BE COMPLETED

9. Total Tax Withheld (Column B) _____

10. Total Tax Paid (Column C) _____

11. Difference (B minus C) _____

Explanation of difference must be attached.

Please remit to:
Department of Revenue
PO Box 5835
Helena, MT 59604-5835

MW3 – Montana Annual Withholding Tax Reconciliation

Instructions

- Line 1. Number of W-2's with or without state withholding.
- Line 2. Number of 1099's with state withholding. All 1099's without state withholding should be sent with 1096 form.
Number of W-2's/1099's Enclosed: Enter the number of W-2 and/or 1099 forms that you are reporting with this MW3. Do not use gray boxes.
- Line 3. Check Applicable Media: Check the appropriate box for method of delivery.
- Line 4. Type of Report: Check the appropriate box that describes the type of report. An amended reflects adjustments to, and replaces, the original report.

Please round all numbers to the nearest dollar.

- Line 5. The total wages subject to withholding taxes.
- Line 6. Total Montana tax withheld per Forms W-2s and/or 1099's. Total should match the total of Column B on the reconciliation schedule on the bottom of the return.
- Line 7. Total amount of state withholding tax remitted to the department. Total should match the total of Column C on the reconciliation schedule on the bottom of the return.
- Line 8. The difference between line 6 and line 7.
If there is a balance due, please remit payment with return. If there is a difference resulting in an overpayment, please check the box for refund or apply overpayment to future liability.
- Line 9. Total tax withheld (Column B).
- Line 10. Total tax paid (Column C).
- Line 11. Difference (B minus C)

Annual Reconciliation of Withholding Tax (reconciliation schedule): All four columns must be filled out completely. Report total of columns B and C at the bottom of schedule, along with any difference. Totals of Column B and C should match lines 6 and 7, respectively. Please provide an explanation regarding any difference reported. Additional page may be attached.

Attention
Montana Department of Revenue Cashier
Withholding Payment Form

Complete the coupon below to ensure proper credit of your payment. If you are paying taxes for multiple years or periods, submit a separate check or money order and a separate coupon for **each** tax year or period.

Boxes 1 through 3 - Print an "X" in one box only for payment frequency.

Box 1, if your payment frequency is accelerated

Box 2, if your payment frequency is monthly

Box 3, if your payment frequency is annual

Box 4, is the period your payment is for

Box 5, federal employer identification number

Box 6, amount paid

Business Name _____

Address _____

Contact Name _____

Phone _____

Mail this entire form with your check and return to:

Department of Revenue

PO Box 5805

Helena, MT 59604-5805

Questions? Call (406) 444-6900

Make checks payable to the Department of Revenue

Form MW-1

Withholding Payment Form

Payment Frequency

☐ 1. Accelerated

☐ 2. Monthly

☐ 3. Annual

4. Period End Date

**5. Federal Employer
Identification
Number (FEIN)**

6. Amount Paid

month	day	year
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